Exhibit “H”

Dorothy Stanford’s Affidavit with Plaintiff’s Medical Records

AFFIDAVIT

STATE OF ALABAMA)
)
Barbour **COUNTY**)

I, Dorothy Stanford, hereby certify and affirm that I am a Medical Records Clerk, at Ventress Correctional Facility; that I am one of the custodians of medical records at this institution; that the attached documents are true, exact, and correct photocopies of certain medical records maintained here in the institution medical file of one Richard Wright, AIS# 187140; and that I am over the age of twenty-one years and am competent to testify to the aforesaid documents and matters stated therein.

I further certify and affirm that said documents are maintained in the usual and ordinary course of business at Ventress Correctional Facility and that said documents (and the entries therein) were made at, or reasonably near, the time that by, or from information transmitted by, a person with knowledge of such acts, events, and transactions referred to therein are said to have occurred.

This, I do hereby certify and affirm to on this the 29th day of August, 2005.

Dorothy Stanford

SWORN TO AND SUBSCRIBED BEFORE ME THIS THE 29th Day of August, 2005.

Rebra J Currie
Notary Public 9-8-08
My Commission Expires

PROBLEM LIST

Name Wright, Richard
ID # 187140
D.O.B. 8-15-67

Medication Allergies Inferred NKA (HIST) SB, MD

Date Identified	Chronic (Long-Term) Problems Roman Numerals for Medical/Surgical Capital Letters for Psychiatric/Behavioral	Date Resolved	Health Care Practitioner Initial
6 June 01	Mental: Schizo affective Disorder		USeal
7/19/01	Will f/u 7/26/01		CO
	SMI		
3/26/04	Tx team - Hx Code ———		REEL
6/20/05	MH code HIST		SB, MD

PRISON HEALTH SERVICES, INC.

YEARLY HEALTH EVALUATION

I. HISTORY – (LPN or RN)	YES	NO	COMMENT(S)
Weight Change (greater 15 lbs.) (Compare Weight Below)	✓	~~✓~~	198 4-14-04 ~~192 5 4 05~~ Last weight at least 6 months ago
Persistent Cough	✓		
Chest Pain		✓	
Blood in Urine or Stool	~~✓~~	✓	
Difficult Urination		✓	
Other Illnesses (Details)		✓	
Smoke, Dip or Chew		✓	
ALLERGIES		✓	

Weight 196¼ Temp 97.8 Height 5'11" Pulse 70 Resp 20 Blood Pressure 100/80
If greater than > 140/90, repeat in 1hour.
Refer to M.D. if remains > 140/90.

Eye Exam: 20/20 OD 20/70 OS 20/70 OU

II. TESTING – (LPN or RN)	RESULTS
	04-26-05 – refused
Tuberculin Skin Test (q yr)	Date given 6-24-05 Site (L) FA
	Read on ____ Results ____ mm
Past Positive TB Skin Test →	**Survey Completed** ____
(Chest x-ray if clinical symptoms)	Date ____ Results ____
RPR (q 3 yrs)	Date ____ Results ____
EKG (baseline at 35, over 45 q 3 yrs)	
Cholesterol (at 35 then q 5 yrs)	12-3-04 · 184
Tetanus/Diptheria (q 10 yrs)	Last Given 5-20-96 Due 2006
(if done today)	Site given — Dose — Lot # —
Optometry Exam (@ 50 if not already seen)	NA
Mammogram	Date N/A Results —
(females @ 40, q 2 yrs/other M.D. order)	

FOR PROFESSIONAL USE ONLY
CONFIDENTIAL RECORD
NOT TO BE PHOTOCOPIED

III. PHYSICAL RESULTS – (RN, Mid-Level, M.D.)	
Class (1) 2 3 4 5	Restrictions NONE
Heart	RRL
Lungs	Bilat. CTA, equal expansion
Breast Exam	Self-exam taught
Rectal (yearly after 45)	Results NA
with Hemoccult	Results —
Pelvic and PAP (q 1 yr)	Date NA Results —

Facility Ventress Nurse Signature [signature] Date 04-26-05

M.D. or Mid-Level Signature [signature] Date 5/4/05

INMATE NAME	AIS#	D.O.B.	RACE/SEX
Wright, Richard	187140	8/15/61	B/M

HEALTH EVALUATION

Wright, Richard

Age 36 Sex M Race B Ht 5'11 Wt 198

Temp	BP	Pulse	Resp
98.8	157/98	76	18

Do you now or have you ever had, or been treated for:

Problems	Y	N	Problems	Y	N
Head Trauma		✓	Kidney Stones/Disease		✓
Loss of Consciousness		✓	Bladder/Kidney Infection		✓
Severe Headaches		✓	Alcoholism	✓	
Vertigo/Dizziness		✓	Drug Abuse		✓
Vision Problems	✓		Tobacco Use		✓
Hearing Problems		✓	Psychiatric Hx	✓	
Dental Prob./ Dentures		✓	Suicidal		✓
Seizures		✓	Communicable/Contagious		
Strokes		✓	Tuberculosis		✓
Nervous Disorders		✓	HIV/ AIDS		✓
DT's		✓	Hepatitis- Type		✓
Heart Condition		✓	Gonorrhea		✓
Angina/Heart Attack		✓	Syphilis	✓	
High B.P.		✓	Lice; Crabs; Scabies		✓
Anemia/Blood			OB/ GYN		
ung Condition			LMP Date:		
Asthma		✓	Duration:		
Bronchitis	✓	✓	LMP Normal:		
Emphysema		✓	Regularity: N/A	Y	N
Pneumonia		✓	Gravida/Para:		
Diabetes		✓	AB/Miscarriage:		
Hay Fever/ Allergies		✓	Contraception:	Y	N
Gastritis		✓	Describe:		
Ulcers		✓	LAB Tests- Dates	N	Ab
Bleeding		✓	RPR 7/21/99		
Gall Bladder/Pancreas		✓	PPD- Date given: 4/15/04		
Liver Problems		✓	RFA/LFA		
Arthritis		✓	Date read: 4/17/04		
Joint Muscle Problem		✓	Results in mm.: 0		
Back/Neck Problem		✓	Deferred/ Follow-up:		

APPRAISAL		N	Abn/Comment
	Screening Observation	☐	Check Items below & initial
General	Movement, Deformity, Pain, Bleeding	☑	
	Habitus, Hygiene		
Neuro	Mental Status, Intox Withdrawal, Tremors	☑	
	Neuro-deficits		
Skin	Injury, Bruises, Trauma Jaundice Diaphoretic, Rash Lesions, Infestations Needle Marks	☑	
	Color, Turgor		
Head	Normocephalic Atraumatic Hair, Scalp	☑	
Eyes	Glasses/ Vision Pupils Sclera, Conjunctiva	☐	Glasses ne
Ears	Appearance Canals, TM's, Hearing	☑	
Nose	Epistaxsis, Sinuses	☑	
Throat	Teeth, Gums, Dentures Mouth, Tongue, Tonsils Airway	☑	
Neck	C Spine, Mobility Veins, Carotids Thyroid, Lymph Nodes	☑	
Chest	Config. Ausc./ Resp. Cough/ Sputum	☑	
(Breasts)	Masses	☑	
Heart	Ausc. Rate, Rhythm Murmurs, Ectopy	☑	
Abdomen	Bowel Sounds Palp, G/R/T, Hernia	☑	
GU	Flank Tenderness Bladder Tenderness /Distention	☑	
Back	ROM, Spasm, Injury	☑	
Extrem	Edema, Pulse Cyanosis- ROM, Injury	☑	
Genitals	Injuries/ Lesions	☑	
Pelvic/ Pap	Deferred ☐		
Rectal/ Gulac	Deferred ☐		
Duty Status # 1			

FOR PROFESSIONAL USE ONLY CONFIDENTIAL RECORD NOT TO BE PHOTOCOPIED

Comments:

Placement: ( ) General Population ( ) Emergency Dept. ( ) Isolation ( ) Medical Observation ( ) Other: _____

Referral: ( ) Medical ( ) Dental ( ) Mental Health ( ) Other _____ When: ( ) Immediately ( ) Next Sick Call _____

M. Cubenka RN — Screener's Signature

4/14/04 — Date/Time

Evaluator's Signature/Title

3/20/04 3P — Date/ Time

Alabama Department of Public Health
TB Division
RSA Tower/201 Monroe Street
Montgomery, ALabama 36130-3017

TB
Skin Test Report

County Code 12 Target Testing ✓ PROJECT 0401 CHR# 187140

Last Name: Wright
First Name: Richard MI:
Patient Home Address: Bullock
City: Union Springs
State: Al Zip Code: Home Phone: - -

SSN: - -
Date of Birth: 08 - 15 - 1967 SEX: ✓ M F
Race: W B AI A AN H/PI O — ✓ B
ETHNICITY: Hispanic or Latino: YES ✓ NO

Test Administered By: ✓ TB Staff; PH Nurse; Other
Site Test: Health Department; ✓ Other

Reason Tested: Health Care Worker; Medical Risk; Shelter; Student; Occupational; Foreign Born; Homeless; ✓ Jail/Prison; Not at Risk

Contact to Case/Suspect: YES NO

Risk Categories: A; ✓ B; C

PPD ONE:
Provider#: Lot#:
Date of Test: 03 - 11 - 2004 Antigen: ✓ AP TU
Provider#: Date Read: 05 - 14 - 2004 Result: 02 mm Not Read

PPD TWO:
Provider#: Lot#:
Date of Test: 07 - 27 - 2004 Antigen: ✓ AP TU
Provider#: Date Read: 07 - 30 - 2004 Result: 02 mm Not Read

Race codes: W-White; B-Black; AI - American Indian; A-Asian; AN - Alaskan Native; H/PI-Hawaiian/Pacific Islander; O-Other

ADPH-TB - 26/REV-12-2002

PRISON HEALTH SERVICES INCORPORATED

DEPARTMENT OF CORRECTIONS

KITCHEN CLEARANCE PHYSICAL ASSESMENT

	YES	NO
ANY OPEN SORES OR RASHES ON HANDS, ARMS, FACE & NECK		✓
TB TEST CURRENT	✓	
DOES PT. SHOW ANY OBVIOUS SIGNS OF ANY OTHER DISEASE		✓

OTHER:

THIS PATIENT HAS BEEN INFORMED OF THE NEED FOR THE FOLLOWING:

PROPER HANDWASHING, NOT TO HANDLE FOOD WHILE SICK, SEEK MEDICAL EVALUATION WHEN NECESSARY AND TO NOTIFY THE DIETARY SERVICES SHIFT SUPERVISOR OF ANY ILLNESS.

MEDICAL AUTHORITY: [signature] RN DATE: 3/4/05

I attest that the above statement is true to the best of my knowledge.
PATIENT SIGNATURE: Richard W Wright Sr. DATE: 4 MAR 05

EXPIRATION DATE: 4-15-05

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	Race/Sex	FAC.
WRIGHT, Richard.	187141	8/15/67	Bm	VCF

PHS-MD-70042 **(White - Medical File, Yellow - Kitchen Supervisor, Pink - Classification Administrator (Inmate))**

VENTRESS CORRECTIONAL FACILITY

VERIFICATION OF ACESS TO HEALTHCARE

THIS IS TO CERTIFY THAT I HAVE RECEIVED VERBAL AND WRITTEN ACESS TO HEALTH CARE INSTRUCTIONS, TO INCLUDE ORAL HYGIENE INSTRUCTIONS. I HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS AND TO HAVE MY QUESTIONS ANSWERED.

Richard W. Wright Sr. — SIGNATURE

187140 — AIS NUMBER

RN — WITNESS

3-14-05 — DATE

PRISON HEALTH SERVICES INCORPORATED

PATIENT CONSENT AND AUTHORIZATION FOR DENTAL TREATMENT

Patient Name: Wright, Richard BCDC#: 187140

1. I agree to having dental X-Rays taken of my teeth and jaws in order to determine my dental problems.

2. I have had a treatment plan explained to me, including alternatives or the recommendation of no treatment.

3. I consent to the use of local anesthetics or other medications and that there may be side effects, including allergic reactions and this has been explained to me.

4. I have had the opportunity to ask questions which have been answered to my satisfaction.

5. I understand there is no guarantee of success or permanence of the treatment.

FOR PROFESSIONAL USE ONLY
CONFIDENTIAL RECORD
NOT TO BE PHOTOCOPIED

Richard W Wright

Patient's Signature

31 MAY 05

Date

M. E. Shirley, D.D.S.

Dentist's Signature

5-31-05

Date

Lee County Detention Center Medical Department

P.O. Box 2407

Opelika, Al. 36801

(334)749-7141

NAME: Wright, Richard R/S B/M DOB 08-15-67

ALIAS/AKA: _____ SSN: 083585792

ALLERGIES: NKDA

MEDICAL SUMMARY: ↑ B/P, Hx Suicide Attempt, Muscle Spasms, Neck/shoulders,

CURRENT MEDICATIONS: Wellbutrin 100mg q AM + noon, Tenormin 25 qd Rx 1

I.B. DATE: 11-14-95 RESULTS: - TREATMENT: _____ DATE: _____

G.C. DATE: N/A RESULTS: N/A TREATMENT: _____ DATE: _____

VDRL DATE: 11-14-95 RESULTS: NR TREATMENT: _____ DATE: _____

SPECIAL MEDICAL HANDLING: N/A

SPECIAL HOUSING INFORMATION: NP

FOR PROFESSIONAL USE ONLY
CONFIDENTIAL RECORD
NOT TO BE PHOTO COPIED

SPECIAL DIET: NP

OTHER PERTINENT INFORMATION: HIV 11-14-95 NR

IF YOU DESIRE COMPLETE MEDICAL RECORDS, PLEASE SEND ORIGINAL SIGNED RELEASED/AUTHORIZ

DATE: 5/17/96

Nurse, Lee County Detention Center Medical

PHS PRISON HEALTH SERVICES INCORPORATED

DEPARTMENT OF CORRECTIONS

TRANSFER & RECEIVING SCREENING FORM

RECEIVED: Inmate/Health Record
Institution: JCF
Date: 3/4/05 Time: 715 AM/PM
RECEIVED FROM:
Institution/Work Release Center/Free-World Hospital

RELEASED: Inmate/Health Record
Institution: Bullock
Date: 3-4-05 Time: 1030 AM/PM
RELEASE FROM:
☐ Infirmary ☐ Segregation
☑ Population ☐ Mental Health
☐ Other

RECEIVING MEDICAL STATUS
☑ Population
☐ Infirmary
☐ Isolation

RELEASE TO:
☑ DOC ☐ Infirmary ☐ Mental Health
☐ Institution/Work Release Center/Free-World Hospital

ALLERGIES:
NKA

PHYSICAL EXAMINATION
Date of last exam:
Chest X-Ray Date: Result:
PPD Reading 4/15/04 Ø
Classification:
Limitations:

LAB RESULTS - - LAST REPORT

	Date	Normal	Abnormal
CBC	12/04	☒	☐
Urinalysis	UA	☐	☐
		☐	☐

	YES	NO
Wears Glasses/Contacts	☑	☐
Dental Prosthesis	☐	☑
Hearing Aide	☐	☑
Other Prosthesis	☐	☑

Receiving Nurse

CURRENT OR CHRONIC MEDICAL/DENTAL/MENTAL HEALTH PROBLEMS OR COMPLAINTS
no med

CURRENT MEDICATION - - DOSAGE AND FREQUENCY
not on med

MEDICATIONS	☐ Sent w / inmate	☑ Not sent w / inmate
X-RAY FILM	☐ Sent w / inmate	☑ Not sent w / inmate
HEALTH RECORD	☐ Sent w / inmate	☑ Not sent w / inmate

Released to:
Date: Time: AM/PM

MEDICATIONS	☐ Received	☐ Not Received
X-RAY FILM	☐ Received	☐ Not Received
HEALTH RECORD	☐ Received	☐ Not Received
CHART REVIEWED	☐ Yes	☐ No

Received by:
Signature of Receiving Nurse
Date: Time: AM/PM

SCHEDULE FOR CHRONIC CARE CLINIC
DATE: 3/4/05 LAST CLINIC: N/A

FOLLOW-UP CARE NEEDED

	Date	Time	With Whom - - Location (Sending Nurse)	Date/Appt. Made w/Whom (Rec. Nurse)
☐ Medical ☐ Dental				
☑ Mental Health				

SENDING ASSESSMENT (SENDING NURSE) (from health record documentation)

		Yes	No
HISTORY	Drug Use		
	Mental Illness	✓	
	Suicide Attempt		✓
	Chronic Care		✓
STATUS	Special Diet		
	Appearance		✓

OTHER PERTINENT NURSING ASSESSMENT

NURSING ASSESSMENT (RECEIVING NURSE) (Noted from inmate assessment)

		Yes	No
SKIN	Open Sores		✓
	Lice		✓
	Edema		✓
	Warm & Dry	✓	
	Cool & Moist		✓
CONDITION	Alert	✓	
	Oriented	✓	
	Uncooperative		✓
	Depressed		✓

INTAKE

Sick Call Procedures Explained	✓
Height	5'11"
Weight	172
Blood Pressure	128/80
Temperature	98.6
Pulse Resp.	80-18
Other	

Signature of Nurse Completing Assessment (Sending Nurse) — Date: 3/4/05
Signature of Intake Screening Nurse (Receiving Nurse) — Date: 3/4/05

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	Race/Sex	FAC.
Wright Richard	187140	8-15-67	B/M	BCC

8/18/06

N610

ALABAMA DEPARTMENT OF CORRECTIONS

RECEIVING SCREENING FORM

Inmate's Name: Wright, Richard Date: 3/4/05 Time: 1:15 PM

DOB: 8/15/67 Officer: [signature] Institution: VCF

Receiving Officer's Visual Opinion	Yes	No
1. Is the inmate conscious?	✓	
2. Does the inmate have any obvious pain or bleeding/other symptoms suggesting the need for emergency services?		✓
3. Are there any visible signs of trauma or illness requiring immediate emergency treatment or doctor's care?		✓
4. Any obvious fever, swollen lymph nodes, jaundice, or other evidence of infection which might spread through the institution?		✓
5. Is the skin in poor condition or show signs of vermin or rashes?		✓
6. Does the inmate appear to be under the influence of alcohol or drugs?		✓
7. Are there any visible signs of alcohol or drug withdrawl? (extreme perspiration, shakes, nausea, pinpoint pupils, etc.)		✓
8. Is the inmate making any verbal threats to staff or other inmates?		✓
9. Is the inmate carrying any medication or report that he is on any medication which must be continuously administered or available?		✓
10. Does the inmate have any obvious physical handicaps?		✓

If the answer is YES to any questions from 2-10 above, specify WHY in section below.

11. Are you presently taking medication for diabetes, heart disease, seizure, arthritis, asthma, ulcers, high blood pressure or psychiatric disorder?		✓
12. Are you on any special diet prescribed by a physician? (if YES, what type?)		✓
13. Do you have a history of venereal disease or abnormal discharge?		✓
14. Have you recently been hospitalized or recently seen a medical or psychiatric doctor for any illness?		✓
15. Have you ever attempted suicide?		✓
(If YES, When? _____ How? _____		
16. Do you want to do any harm to yourself now?		✓

[redacted] USE ONLY
CONFIDENTIAL RECORD
[redacted] TO BE PHOTO COPIED